

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125
Registered No. 27

1. PLACE OF BIRTH

County Solo State _____
District or Township _____ or Village _____
City Acapulco No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Merita Aurora Solas
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth April 10 1928
Month Day Year

8. FATHER Full name <u>Pedro Solas</u> 9. Residence (Usual place of abode) <u>Acapulco</u> If non-resident, give place and state.		14. MOTHER Full maiden name <u>Juana Lopez</u> 15. Residence (Usual place of abode) <u>Acapulco</u> If non-resident, give place and state.	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Camana</u> (State or country) <u>Sonora</u>		18. Birthplace (city or state) <u>Frontera</u> (State or country) <u>Sonora Mex</u>	
13. Occupation <u>laborer</u> Nature of industry		19. Occupation <u>house wife</u> Nature of industry	

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum. Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Charles H. Harts
(Physician or midwife)

Given name added from a supplemental report _____ Address Mayaguez, Arizona
Month, day, year _____
Registrar. _____ Filed April 1928 Registrar. _____

492 - 410 - 139